

COUNTY OF LOS ANGELES

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DEPARTMENT OF MENTAL HEALTH

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550 SOUTH VERMONT AVENUE, LOS ANGELES, CALIFORNIA 90020

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January 18, 2011

Dear LPS Designated Facility Administrator:

Enclosed is the revised official *LPS DESIGNATION GUIDELINES AND PROCESS FOR FACILITIES WITHIN LOS ANGELES COUNTY* (Fifth Edition) ["LPS Designation Guidelines"] governing the LPS designation of both facilities and staff in Los Angeles County, which become effective January 25, 2011. Please ensure that the following personnel at a minimum receive copies and information concerning the updated LPS Designation Guidelines: all appropriate management staff; psychiatric admitting attending staff, inclusive of those approved to write seclusion and restraint orders; and, all professional staff members privileged by the facility and authorized by the Los Angeles County Department of Mental Health ["LAC DMH"] to initiate involuntary holds at your facility and off-site, including Psychiatric Emergency Team ["PET"] members.

A "Summary of Revisions to LPS Designation Guidelines (5th Edition)" is attached listing the main changes to the LPS Designation Guidelines. Note that additions have been made to the guidelines regarding specified policies, practices, and codes the facility must comply with governing mandated reporting of child, elder and dependent adult endangerment, abuse, or abandonment. Another addition relates to requirements for accepting transfers to hospitals in Los Angeles County of individuals detained under Welfare and Institutions Code 5150 in a different county, to reinforce facility compliance with LAC DMH Policy 202.34. For LAC designated facilities that transfer patients on 5150s to an LPS designated Urgent Care Center, a default mechanism is required (must accept the patient back in certain circumstances). A change has also been made to allow for telepsychiatric testimony for conservatorship hearings, at the discretion of the court. Taser use and emotional abuse were added to the types of incidents required to be reported to LAC DMH as Adverse Events. The parameters for transfers of LPS patients in need of medical services (formerly Appendix L) were also incorporated into the body of the Guidelines.

Please ensure that your facility is operating within the boundaries of the enclosed *LPS Designation Guidelines And Process For Facilities Within Los Angeles County* (and any revisions thereto). DMH believes that conformance with these requirements supports community service, quality of care, patients' rights, safety, and ethical standards for the care and treatment of individuals who are involuntarily detained.

"To Enrich Lives Through Effective And Caring Service"

Your cooperation as a partner in this endeavor is greatly appreciated.

Sincerely,



Marvin U. Southard, D.S.W.
Director of Mental Health

MJS:MC:mc

Enclosures

c: Roderick Shaner, M.D., Medical Director
Robin Kay, Ph.D., Chief Deputy Director
Richard K. Mason, Assistant County Counsel
Stephanie Jo Farrell, Principal Deputy County Counsel
Jaime Garcia, Regional Vice President, HASC
Gerald Arcuri, Regional Vice President, HASC
Honorable Judge Samantha Jessner, Supervising Judge, Superior Court, Department 95
Rick Luckham, Mental Health Court Services, Superior Court, Department 95
James Falco, Deputy-in-Charge, Psychiatric Section, Office of District Attorney
Bernice Hernandez, Head Deputy, Public Defender's Office – Mental Health
Honorable Judge Michael Nash, Presiding Judge, Juvenile Court, Department 400
Honorable Judge Melissa Widdifield, Superior Court, Department 95B
Carey Cahlin, Senior Deputy County Counsel, Office of the Public Guardian
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Eric Stone, Program Manager, Health Facilities Inspection Division
Connie Draxler, Deputy Director, Office of the Public Guardian
Jeffrey Kohn, Acting Director, Patients' Rights Office

SUMMARY OF REVISIONS TO LPS DESIGNATION GUIDELINES (5th Edition)

PAGE(S)	CHANGE	BASIS FOR CHANGE
4	I.B.1.a - added codes that facility must comply with governing mandated reporting	Revised to address liability issue
5-6	I.B.1.h.1)-3) – 3 items added, replaces former Appendix L (memo on transfers of LPS patients)	Incorporated parameters followed since May 2005 into guidelines (standard practice since 5/05)
6	I.B.1.k – credits detention time spent in non-designated medical facility ER up to 24 hours (vs. 8)	Changed to reflect statutory change
6	I.B.1.l – added provision for direct transfers from out of county designated facility to an accepting LAC designated facility, provided documentation of an acceptable 5151 assessment accompanies the individual	Reduces number of conditional LPS authorizations of individuals in other counties, adds definition to LAC DMH policy 202.34 on inter-county transfers
6	I.B.1.n.; I.B.1.n.1) – added requirement for designated facilities that transfer patients on 5150s to an LPS designated UCC - must accept the patient back if not stabilized at UCC in 24 hours and no bed available at another accepting inpatient designated facility	Added default item to address situations that have arisen in use of designated UCCs by designated inpatient facilities
7	I.B.1.r – added trained registered nurse and physician assistant to those who can do the face-to-face evaluation within one hour after initiation of restraint or seclusion	Changed to reflect changes in CMS/Joint Commission requirements
7	I.B.1.v – added “defends” to item on facility indemnifies and holds LAC DMH harmless in exercising its LPS authority	Added to reflect prior change in boilerplate LPS Designation Agreement
8	I.C.5 – added provision that staff involved in evaluation and treatment of involuntary patients must be fully conversant with all mandatory reporting statutes	Added to address liability issue
9	I.D.1.a – additional policies required --discharges to include DC planning that uses resources in the county of initial LPS detention and residence; --mandated reporting; --criteria for identifying issues of child endangerment or abandonment, incl. determining if custodial parent or caregiver of child/elder/dependent adult, and if report should be made;	--Incorporates part of LAC DMH inter-county policy 202.34 into Guidelines; --Added to address liability issue; --Added to address liability issue;
10	--intake/admissions policies to include procedures for accepting transfer to the hospital of individuals detained under WIC 5150 in a different county (e.g., verifying conditional LPS authorization by LAC of the professional who detained the individual out-of-county)	--Added to reinforce facility compliance with LAC DMH inter-county transfer policy 202.34
11	I.F.1.n – added taser use to critical incidents that are to be reported to LAC DMH	Added to further define what is to be reported by facilities as a critical incident
12	I.F.9 – added provision for telepsychiatric testimony for conservatorship hearings	Added after discussions with Public Guardian's Office and Superior Court staff
12	I.F.10 – added provision for appropriate measures to be taken should an involuntarily detained person elope	Added after query received from DHS on use of Apprehension and Transportation Order form (ref. WIC 7325, 5328.3, 5358.5)
12	I.F.15 – added emotional abuse and taser use to critical incidents requiring facility notification to LAC DMH	Added to further define what is to be reported by facilities as a critical incident
14	II.A.7.g – added “facility-approved” to the type of referral list a mobile team member must have available for use with patients being evaluated for involuntary detention (to address conflict of interest situations)	Added to address ethical issues with referrals (potential and historical)

SUMMARY OF REVISIONS TO LPS DESIGNATION GUIDELINES (5th Edition), continued

PAGE(S)	CHANGE	BASIS FOR CHANGE
15	II.A.7.v – added mobile team responsibility to report child endangerment or abandonment and make efforts to determine if client is custodial parent or caregiver of a child or an elder or dependent adult and whether mandated report to be made.	Added to address liability issue
16	II.B.1.b –added to the criteria to be met for individual authorization that the 3 years experience required is in an acute mental health setting	Added to match requirements currently specified in Appendices E & F
19	IV.A.4 – added AOA and DNV to Accreditation Survey reports that may be reviewed in preparation for redesignation visits	Added to reflect hospital accreditation programs, in addition to Joint Commission, that are approved by CMS
20	V.A.8 – added failure to maintain a current Medi-Cal FFS contract with LAC DMH to the circumstances under which facility designation may be withdrawn	Added to reinforce current Guidelines requirements and practice
26, 30	II.I.A.1, II.II.B.1, IX.A, IX.B, X.A - extraneous comments deleted from Appendix C in final document	Deleted from finalized Word document to match hard copy
33, 34	Appendix E & Appendix F – added new review date (no change to grids)	Added new review date; no other changes made to document
36	Appendix H - Monthly Data Report reformatted and reorganized, added Taser use to Adverse Events, and revised FAX number	Revised to be in more logical order, to include admissions on 5250s/5270s, and to list additional types of incidents to be reported as Adverse Events
37	Added Monthly Data Report form for Urgent Care Centers	Added MDR form for UCCs to reflect the shorter length of stay and unique circumstances of these non-inpatient designated facilities
42, 43	Appendix J, Appendix K – added new review dates to PMRT-PET Proposal Guidelines and Operational Grid	Added new review dates. [Work Group still <u>in process</u> ; possibility of added and/or revised requirements for PETs in 2011]
Other	[Former] Appendix L – memo dated May 25, 2005 on transfers of LPS patients was deleted and incorporated into body of Guidelines (see pages 5-6)	Deleted as memo and placed in Guidelines as the parameters cited are now standard practice

1/7/2011